

Name of Junior Sailor's Club or Association \_\_\_\_\_

**2010 JSA WAIVER AGREEMENT**

Junior Sailor \_\_\_\_\_ Parent /Guardian \_\_\_\_\_  
*Please Print* *Please Print*

The undersigned is the Parent/Guardian of the Junior Sailor named above and hereby acknowledges that the execution of this Agreement is a condition to the participation of the Junior Sailor in his/her own Junior Sailing Program (hereinafter referred to as the "Program") as stated above. The undersigned recognizes that the sport of sailing and the conduct of the Program entail and are subject to certain inherent risks of damage and injury, and, on behalf of the Junior Sailor, acknowledges and agrees that the Sailor is participating in the Program entirely at his/her own risk. Now, therefore, the undersigned does hereby agree as follows:

- 1) The undersigned consents to the participation of the Junior Sailor in the Program and agrees that this will extend to the Junior Sailor's Home Club written above.
- 2) The undersigned consents to the participation of the Junior Sailor in all regattas, clinics, and sailing events (hereinafter collectively referred to as "Regattas") which are a part of the Program and acknowledges that said consent is without exception within the limits proscribed within. The undersigned further agrees that this Agreement will extend to the benefit of yacht clubs/ sailing associations (hereinafter referred to as "Host Clubs"), which are the host to or venue of such Regattas, and to the Junior Sailing Association of Long Island Sound, Inc. (hereinafter referred to as "JSA"). The list of Host Clubs and the 2010 regatta schedule are available on the JSA website (<http://www.jsalis.org>). The undersigned further acknowledges that Parent/Guardian has reviewed the JSA 2010 Schedule prior to the execution of this document and further understands that changes to the schedule, including but not limited to changes of venues, may be made at any time.
- 3) The Club or Association, each Host Club, the JSA, and all of their respective members, directors, employees, agents and all persons serving as members of the race committees or juries or any other person acting in any capacity for the conduct of the Program or any Regatta (hereinafter referred to as "Released Parties") will not be responsible for damage to any boat or other property of the undersigned or the injury to any competitor, including death, sustained as a result of participation in the Program or any Regatta. By participating in the Program or any Regatta, the undersigned (including heirs, successors, and assigns) agrees to release the Released Parties from any and all liability associated with participation to the fullest extent permitted by law.
- 4) The undersigned (including heirs, successors, and assigns) hereby waives any rights to sue the Released Parties with respect to personal injury or property damage as a result of participation in the Program or any Regatta and hereby release the Released Parties from any liability for such injury or damage.

**I have thoroughly read and understand the 2010 Waiver Agreement and have reviewed the 2010 JSA schedule. By signing this document, I acknowledge the execution of this agreement and agree to each of the provisions listed above.**

Signature of Parent/Guardian \_\_\_\_\_ Dated \_\_\_\_\_

**PARTICIPANT & MEDICAL INFORMATION**

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Summer Phone (if different) (\_\_\_\_) \_\_\_\_\_

Sailor date of birth \_\_\_\_\_ MALE / FEMALE

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Mother's work phone (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

Father's work phone (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Name of insured \_\_\_\_\_

Insurance co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none)**

**MEDICAL AUTHORIZATION**

I hereby authorize an instructor from my Club or Program, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Signature of Parent/Guardian \_\_\_\_\_ Dated \_\_\_\_\_

**\*\* EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:**

\_\_\_\_\_  
(\_\_\_\_) (\_\_\_\_)

\_\_\_\_\_  
(\_\_\_\_) (\_\_\_\_)

Name Daytime Phone Alternate Phone Relationship to sailor